

Directly Observed Therapy Log For the Month of _____

CLIENT NAME:		DATE OF BIRTH: / /	AGE:
SSN#:	STATE CASE#:	CITY/COUNTY CASE#:	
DIAGNOSE:	SPECIAL ATTENTION REQUIRED: (EXPLANATION)		
ADDRESS:			
OTHER LOCATION INFO:		TELEPHONE:	
DOI START:		DOI INCREMENT:	
DOI DISCONTINUED:		DOI SITE:	
CLINICIAN:		HEALTH CARE WORKER:	

Drug	Dose	INR	Date	Signature of person observing or giving medicine	Time medicine observed	Comments
			1			
			2			
			3			
			4			
			5			
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			26			
			27			
			28			
			29			
			30			
			31			

MEDS TAKEN (NUMBER OF DAYS): _____ / AVAILABLE DAYS: _____ = _____ % ADHERENCE